

# Houston Pediatric Society

1515 Hermann Drive

Houston, Texas 77004

## 2025 Exhibitor Prospectus

The Houston Pediatric Society is the professional organization of over 200 practicing pediatricians and trainees in the Greater Houston Area. The Society hosts nine meetings per year, typically on the second Tuesday of the month averaging 50 attendees.

### Exhibitor/Sponsor Benefits

- ❖ Quality and organized connection with pediatricians practicing in Harris County and surrounding counties.
- ❖ Interaction with the membership during the networking reception at HPS programs.
- ❖ Visibility on HPS website as meeting sponsor with active link to company's site.
- ❖ Utilize the benefits of exhibiting/sponsorship by taking advantage of the society's promotional materials that reach out to members and prospective members of the society.

### Exhibitor/Sponsor Packages

#### 1.        Silver-\$3,500 (per meeting)

- A. Exhibitors are acknowledged on the mass emailed invitation to membership.
- B. Company name listed on society website as meeting sponsor.
- C. A 4-6ft table will be arranged for display during reception.
- D. Face time with membership during reception, one representative permitted to attend.
- E. Copy of the meeting attendee roster with office address and office phone.

#### 2.        Gold-\$6,000 (per meeting)

- A. Exhibitors are acknowledged on the invitation that is mass emailed to membership.
- B. Company logo and link on society website.
- C. Complimentary 3-month authorized advertisement on HPS's website.
- D. A 4-6ft table will be arranged for display during reception (by request).
- E. Face time with membership during reception, two representatives permitted to attend.
- F. Copy of the meeting attendee roster with office address and office phone.
- G. Your company may submit up to two (2) PowerPoint slides to display during the networking reception at HPS program.

#### 3.        Platinum-\$8,000 (per meeting)

- A. Your Company will be the only sponsor in attendance.
- B. Invitation from the Society to bring a physician to give a 1-hour presentation or educational program
- C. Exhibitors are acknowledged on the invitation that is mass emailed to membership.
- D. Company logo and link on society website.
- E. Complimentary 3-month authorized advertisement on HPS's website.
- F. A 4-6ft table will be arranged for display during reception.
- G. Face time with membership during reception, three representatives permitted to attend.
- H. Copy of the meeting attendee roster with office address and office phone.

#### 4.        Corporate Membership: Circle of Friends - \$12,000 (per year)

- A. Your company will receive special recognition at all HPS events.
- B. Your company's name will be listed as part of the Circle of Friends on all meeting invitations.
- C. Invitation from the Society to give a brief presentation before educational program. (5 minutes)
- D. Open invitation for a maximum of 4 company representatives to attend 2 HPS meetings at no additional cost. Representatives must request a table to display marketing materials in advance.
- E. Your company may submit up to two (2) PowerPoint slides to display during the networking reception at HPS programs
- F. Complimentary 6-month authorized advertisement on HPS's website.
- G. Your company may add a link to the HPS website

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## Exhibitor Form

Company \_\_\_\_\_

Representative's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

### Please indicate the appropriate exhibit option:

Exhibit at the \_\_\_\_\_ meeting at the level checked below.

1. \_\_\_\_\_ Silver-\$3,500 (per meeting)
2. \_\_\_\_\_ Gold-\$6,000 (per meeting)
3. \_\_\_\_\_ Platinum-\$8,000 (per meeting)
4. \_\_\_\_\_ Corporate-\$12,000 (per year)

Checks should be made payable to: **Houston Pediatric Society** | Tax ID # 74-6208614

Mail checks with this form to:

Houston Pediatric Society,  
John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004

### Payment Options:

- ☐ Check payable to Houston Pediatric Society
- ☐ Circle one:      AMEX      Discover      MC      Visa

Amount: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

For questions or additional information, contact HPS administrative support at [admin@houstonpedisociety.org](mailto:admin@houstonpedisociety.org)

Thank you for your support!